

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
610 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

2009 JAN 20 PM 3:28

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Gene Ficken for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
(11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Gene Ficken

Political Party (if applicable)

Democrat

Office Sought

State Representative

District (If Senate or House)

23

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE

REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A 10/29/08 - 12/31/08

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount MUST be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)

\$ 7,740.13

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below)

2,400.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

10,140.13

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below)

6,598.84

Schedule F: Loan Repayments total (Attach Schedule F)

3,541.29

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 5,833.89

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

Reset Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Gene Ficken for State Representative

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE) LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 88B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND RAISER INCOME
10/30/08	ID# CK# 10012	Ossman, Dewayne A., 311 1st Ave, Rowley, IA 52329		\$50.	<input type="checkbox"/>
11/3/08	ID# CK#	Event money		40.	<input type="checkbox"/>
11/3/08	ID# CK# 1442	Woods, Larry F. & Susan A., 615 7th St. SE, Oelwein, IA 50662		40.	<input type="checkbox"/>
11/3/08	ID# CK# 18708	IBEW Educational Committee, 900 7th Street NW, Washington, DC 20001		200.	<input type="checkbox"/>
11/7/08	ID# CK# 6578	DRIVE Committee, 25 Louisiana Ave. NW, Washington, DC 2001-2198		500.	<input type="checkbox"/>
11/7/08	ID# CK# 17874	CWA-COPE PCC, 501 3rd St. NW, Washington, DC 20001		100.	<input type="checkbox"/>
11/11/08	ID# CK#	Event money		20.	<input type="checkbox"/>
11/11/08	ID# 6084 CK# 850	Iowa State UAW-PAC Comm., 680 Barclay Blvd., Lincolnshire, IL 60069		500.	<input type="checkbox"/>
12/5/08	ID# 6116 CK# 1756	Political Action-Iowa Dealers PAC, 1311 50th St., West Des Moines, IA 50266		100.	<input type="checkbox"/>
12/16/08	ID# CK# 6397	Tomlonovic, Jodi, 1245 40th St., Des Moines, IA 50311		25.	<input type="checkbox"/>

SUB-TOTAL

\$ 1575.

TOTAL (If last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

Reset Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
 Gene Ficken for State Representative

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 88B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/23/08	ID# 6085 CK# 895	Iowa State Bldg. & Const. Trades, 110 10th Ave NW, Altoona, IA 50009		\$125.	<input type="checkbox"/>
12/23/08	ID# CK# 3831	Bankers Unite in Legislative Decisions PA, 8800 NW 62nd Ave., Johnston, IA 50131-6200		250.	<input type="checkbox"/>
12/23/08	ID# CK# 2224	Heavy Highway PAC, 2415 Ingersoll Ave., Des Moines, IA 50312-5233		250.	<input type="checkbox"/>
12/23/08	ID# 6070 CK# 3782	Iowa Lawpac 6070, 625 E Court Ave., Des Moines, IA 50309		100.	<input type="checkbox"/>
12/23/08	ID# 6067 CK# 3991	Iowa Heath PAC 6067, 6750 Westown Pkwy #100, West Des Moines, IA 50266		100.	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 825.

TOTAL (If last page of this schedule)

\$ 2400.

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 Page 2 of 2  
 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONEY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Gene Ficken for State Representative

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/5/08	ID# CK# 5037	House Truman Fund, 5661 Fleur Dr, Des Moines, IA 50321	Contribution	\$ 2,500.
11/11/08	ID# CK# 5038	Office Towne, Inc., 1108 3rd Ave SE, Independence, IA 50644	Office Supplies	117.67
12/5/08	ID# CK# 5039	Citizen Herald, Box 545, Jesup, IA 50648	Ad and subscription	113.60
12/5/08	ID# CK# 5040	Dunkerton News, 3511 Lafayette Rd., Evansdale, IA 50707	Two-year subscription	24.00
12/5/08	ID# CK# 5041	Independence Bulletin-Journal, P.O. Box 290, Independence, IA 50644	Two-year subscription	104.00
12/5/08	ID# CK# 5042	Progress Review, 313 Main, LaPorte City, IA 50651	Two-year subscription	66.00
12/5/08	ID# CK# 5043	Lamont Leader, P.O. Box 260, Lamont, IA 50650	Ad and two-year subscription	47.80
12/5/08	ID# CK# 5044	Winthrop News, Box 9, Winthrop, IA 50682	Ad and two-year subscription	81.00
SJB-TOTAL				\$ 3054.07
TOTAL (If last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detailed on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule H)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gene Ficken for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/5/08	ID# CK# 5045	Garner Printing, 1697 NE 53rd Ave., Des Moines, IA 50313	Neighbor to Neighbor postcard and mailing	\$ 3,362.77
12/11/08	ID# CK# 5046	Ficken, Gene, Independence, IA 50644	Reimburse payment - Wired for Change	41.00
12/11/08	ID# CK# 5047	Ficken, Gene, Independence, IA 50644	Reimbursement for fundraiser	100.00
12/23/08	ID# CK# 5048	Ficken, Gene, Independence, IA 50644	Reimburse payment - Wired for Change	41.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL

\$ 3544.77

TOTAL (If last page of this schedule)

\$ 4598.84

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$600 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detailed itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

GENE FICKEN FOR STATE REPRESENTATIVE

SCHEDULE  
E  
(Rev. 08/97)IN-KIND  
CONTRIBUTIONS☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10-31-2008	HOUSE TRUMAN FUND, 5661 FLEUR DRIVE, DES MOINES, IA 50321		PRODUCTION COSTS TV COMMERCIAL	\$ 5,825.00	<input type="checkbox"/>
12-16-2008	HOUSE TRUMAN FUND, 5661 FLEUR DRIVE DES MOINES, IA 50321		INVITES AND POSTAGE FOR PAC EVENT	8.89	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 5,833.89	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)